



CITY OF ALLENTOWN  
435 HAMILTON ST  
ALLENTOWN PA 18101-1699

# INVOICE

101665

Page 1 of 1

ANDRE MCPHAUL  
1901 W LINDEN STREET  
APT 501  
ALLENTOWN PA 18104

INV DATE	12/12/2016
DUE DATE	01/11/2017
ACCOUNT	14827
AMT DUE	743.07

AMOUNT PAID \_\_\_\_\_



MAKE CHECKS PAYABLE TO CITY OF ALLENTOWN  
PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

## DESCRIPTION

## AMOUNT

TREE REPLACEMENT/DAMAGE CITY P  
2 TREES DAMAGE @ \$333.00 PER TREE

666.00

TRAFFIC SIGN MAINTENANCE

INCIDENT # 16-098537 ACCIDENT CLAIM: 900 BLOCK OF HANOVER AVE @ ISLAND DATE OF ACCIDENT  
11/20/16

77.07

AS A RESULT OF THIS ACCIDENT CITY OF ALLENTOWN PROPERTY WAS DAMAGED  
YOU MAY WISH TO REFER THIS CLAIM TO YOUR INSURANCE CARRIER FOR PAYMENT SEE ATTACHED

Total Amount Due:

743.07

Please contact Engineering with questions concerning  
this invoice at (610) 437-7589.

TO AVOID COLLECTION ACTION AND ANY ADDITIONAL CHARGES, PAYMENT MUST BE RECEIVED BY THE DUE DATE

ACCOUNT NO. 14827

INVOICE NO. 101665

AMOUNT DUE:

743.07

Please Remit to: CITY OF ALLENTOWN  
435 HAMILTON ST  
ALLENTOWN PA 18101-1699



Allstate Insurance Company - Claims Payment Processing  
P.O. Box 650048 Dallas, TX 75265 United States

CITY OF ALLENTOWN  
435 HAMILTON ST RM 519  
ALLENTOWN PA 18101-1603



**Allstate.**  
You're in good hands.



01/26/2017

CITY OF ALLENTOWN,

ENCLOSED PLEASE FIND PAYMENT IN THE AMOUNT OF \$743.07 FOR YOUR LOSS ON 11/20/2016.  
PLEASE REFERENCE CLAIM DETAILS BELOW.

CLAIM NUMBER: 0436645238  
DATE OF LOSS: 11/20/2016  
INSURED: EMMA MC PHAUL

In payment for Property Damage Liability for Date of Loss 11/20/2016.

ALLSTATE INSURANCE COMPANY  
1-800-255-7828

2055W

0000020170126002705ZCT01001001003123

INSURED: EMMA MC PHAUL  
CLAIMANT: CITY OF ALLENTOWN  
IN PAYMENT OF: LOSS ON 11/20/2016.

POLICY NUMBER	CLAIM NUMBER
952148651	0436645238
TAX ID	DESK LOC EMPLOYEE ID
	KRB NSWJ
Bank of America NA Atlanta Dekalb Ct Georgia	Bank of America Customer Connection

64-1278  
611

PAY SEVEN HUNDRED FORTY-THREE DOLLARS AND SEVEN CENTS

743.07

**Allstate**

INVOICE NUMBER	MCO	DATE ISSUED	165586643
	8280	01/26/2017	

COMPANY: ALLSTATE INSURANCE COMPANY

TO THE CITY OF ALLENTOWN  
ORDER 435 HAMILTON ST RM 519  
OF ALLENTOWN PA 18101-1603

VOID IF NOT PRESENTED WITHIN THREE HUNDRED, SIXTY-FIVE DAYS OF DATE OF ISSUE

AUTHORIZED SIGNATURES



165586643 0061112788 329 911 9562